Approved for use through 4/30/2003, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY (Column 1) (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) OR MULTIPLE DEPENDENT CLAIM PM 145 *190*. .≲FN1 (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter *0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-PREVIOUSLY **AFTER EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE ш FEE Total (37 CFR 1.16(c)) Minus ENDM 0 OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST m REMAINING NUMBER PRESENT RATE ADDL RATE ADDI-ENT **AFTER** PREVIOUSLY EXTRA TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total ENDM OR X S independent (37 CFR 1,16(b)) Minus X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE RATE ADDI-ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE 竝 FEE Total (37 CFR 1.16(c)) Minus ENDM OR Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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242

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

O1656299

(Column 1) FOR NUMBER FILED NUMBER FILED	(Column 2) UMBER EXTRA	RATE		OR	SMALL	FMIIIY
DACIO EEE	7.55		FEE		RATE	FEE
DAGIU FEE		A. (2)	345.00	OR	10416	690.00
TOTAL CLAIMS Q minus 20=	- See See See	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS minus 3 =		X39=			X78=	
MULTIPLE DEPENDENT CLAIM PRESENT			OR			
* If the difference in column 1 is less than zero, enter "0" in column 2		+130= TOTAL	OUE	OR	+260=	
2/22/02 CLAIMS AS AMENDED - PAR	IOIAL	345	OR	TOTAL OTHER	THAN	
(Column 1) (Column 1) (Column 1)	SMALL	NTITY	OR	SMALL		
REMAINING NUMBER	GHEST MBER PRESENT /IOUSLY EXTRA D FOR	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total • 5 Minus • 5	20 = 0	X\$ 9=		OR	X\$18=	
Independent •	3 = 2	X39=	84	OR	X78=	, ,
2/12/03 Response			0	OR	+260=	
all 21 of people		TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
	umn 2) (Column 3)		1/			
REMAINING NUI	MBER PRESENT //OUSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total • 5 Minus •• 2	=0.	X\$ 9=		OR	X\$18=	
Independent • S Minus •••• FIRST PRESENTATION OF MULTIPLE DEPENDENT	=0	X39=		OR	X78=	
+130=				OR	+260=	
3 18 04 TOTAL ADDIT. FEE OR ADDIT. FEE						
	umn 2) (Column 3) BHEST			_	. ,	
REMAINING NUI	MBER PRESENT /IOUSLY EXTRA D FOR	RATE	ADDI- TIONAL FEE /		RATE	ADDI- TIONAL FEE
Total • 4 Minus • 6	90 = 0	X\$ 9=		OR	X\$18=	//
Independent · 4 Minus ···	S = 0	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130=					+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.						

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142